STATE OF HAWAII

STATE OF B	IA WALL
REQUEST FOR EXEMPTION FI	ROM CHAPTER 103F, HRS
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TO: Chief Procurement Officer

Department of Public Safety FROM:

(Department/Division/Agency)

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

Description of health and human services:

Nursing services for various correctional facilities on Oahu, Hawaii, Maui, and Kauai

Name of Service Provider

Altres Staffing, Inc. dba Altres Medical

Cost: \$270,000

Term of Contract:

From: August 1, 2002

To: January 31, 2003

Explanation describing how procurement by competitive means is either not practicable or not advantageous to the State: Contracts were in place with Altres Staffing, Inc. and Island Staffing Services, Inc for the period 8/1/01 to 7/31/02. The option to extend was being exercised; however only Island Staffing had an executed contract by 7/31/02. Upon sending the contract to the Attorney General's office for approval as to form, we were informed that the AG's office will no longer be able to approve supplemental agreements after the contract expiration date. Altres is the 1st provider contacted to fill temporary and long term nurse positions. Island Staffing was originally the 3rd provider to be called. It is not in the best interest of the State to have the 3rd provider be the sole provider; therefore, we will be re-soliciting the services. We request an exemption to continue to use Altres as the Department's first provider until a new contract can be put into place.

Details of the process or procedure to be followed in selecting the service provider to ensure maximum fair and open competition as practicable:

We will continue to use the providers as awarded under RFP #PSD 01-HCD-25.

A description of the state age	ncy's internal controls a	ınd approval requirer	nents for the exempt	ed procureme	nt:
We will continue to	use the terms a	and conditions	as outlined in	n RFP #PSD	01-HCD-2
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A list of state agency personne contract:	el, by position title, who	will be involved in t	ne approval process a	and administra	ation of the
Wesley Mun, Healt	h Care Division	Administrator			
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Direct questions to:			Phone Number		
Wesley Mun, HCDA			587-1250		
This exemption should be cons	idered for list of evernt	tions attached to Cha	nto= 2 141 IIAD.	V	
I certify that the information				Yes	No 🗷
Tuodas W	provided above is to the	ie best of my known	uge, true and corre	c.	
Department/Agency	Head 1	Date			
Chief Procurement Officer's Co	omments:			<u>-</u>	
Please ensure adherence to appl	icable administrative rec	quirements.			
☐ Approved	☐ Denied				
c: Administrator State Procurement Office		Chief P	rocurement Officer		Date
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